

# COMPLAINT FORM

Date Received: \_\_\_\_\_

**TO BE COMPLETED BY THE COMPLAINANT:**

COMPLAINANT INFORMATION		RESPONDENT INFORMATION
1. Name of Complainant (Last name, first name, middle initial)		6. Name of person against whom the complaint is made
2. Permanent Address (Number, street, city, state, zip code)		7. Name of Employer / IDOL office
3. Temporary Address (if appropriate)		8. Address of Employer / IDOL office
4. Permanent Telephone	Temporary Telephone	9. Telephone of Employer / IDOL office
5. E-mail Address (if available)		10. E-mail Address (if available)

**11. STATEMENT** (Explain as clearly as possible and attach any pertinent documentation. Feel free to answer these questions on a separate piece of paper, if you wish):

**a.** What happened? (Please be specific about the actions or statements made.)

**b.** Who was involved, including witnesses? (Name, address, phone)

c. When and where did it happen? (Include dates, times and locations)

d. How were you treated differently? Why do you think you were treated differently?

e. How would you like this complaint to be resolved?

**12. CERTIFICATION:** I certify the information furnished is true and accurate to the best of my knowledge. I authorize the disclosure of this information to other public and private agencies for the proper investigation and enforcement of my complaint. I understand my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair demonstration of my complaint. I also understand it is against the law for my employer to discharge, intimidate, retaliate, threaten, coerce or discriminate against me for filing this complaint.

13. Signature of complainant	14. Social Security Number (optional)	15. Date signed
16. The customer completing this form is limited English proficient; therefore, I have translated this form to the best of my ability.		
Name of translator / interpreter		Signature